



Return to Play Form

This form is to be given to any player after any injury (game, practice, off-ice) in which a concussion is suspected.

Dear Physician:

Thank you for seeing our player. Your assessment is critical to the safe recovery of our player. OMHA has a Concussion Policy in place for any player suspected of having a concussion. As per our policy, a physician is required to provide clearance for any player that is suspected or diagnosed concussion criteria to either Return to Play or to proceed with more supervised concussion management.

- Please complete SECTION 1 below.
- Please complete SECTION 2 only if player has sustained concussion and is unable to return to play after 1 week

SECTION 1

- After assessment, it is my impression that the player is medically able to return to play without restrictions.
- After assessment, it is my impression that the player is medically not able to return to play and requires further supervised management prior to returning to play. SECTION 2 should be completed as the athlete rehabilitates.

Supervised concussion management prior to Return to Play. SECTION 2 should be completed as player rehabilitates.

Name of Physician: _____

Signature of Physician: _____ Date: _____

SECTION 2 – to be completed by a health care provider

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| <p>1. FOLLOW-UP & Rehabilitation Plan</p> <p><input type="checkbox"/> Player has had follow-up assessment/testing with health care provided trained in concussion management. An individual rehabilitation plan has been recommended/implemented to support recovery.</p> <p>Date completed: _____</p> |
| <p>2. Rehabilitation Plan Completed</p> <p><input type="checkbox"/> Athlete completed all necessary clinical rehabilitation requirements and is discharged to Physician for further Return to Play recommendations (<i>refer to Concussion Return to Play Procedure</i>)</p> <p>Date completed: _____</p> |
| <p>3. FINAL PHYSICIAN CLEARANCE</p> <p><input type="checkbox"/> After final assessment, it is my impression that medically the player is able to return to play without any restrictions.</p> <p>Date Submitted to Safety Coach: _____</p> |
| <p>4. Form Submission to OMHA and HeadCheck (<i>Bantam/Midget Divisions</i>)</p> |



Okotoks Minor Hockey Association

"Practice and play like a champion today!"

Box 1152 Okotoks, AB T1S 1B2

403.710-2213

Player has returned completed Clearance Form to Safety Coach/Trainer.

Date Submitted to Safety Director: _____

F E M I N A L